Case 1:08-cv-01019

Document 16 Filed 04/22/2008 Page 1 of 1 PROCESS RECEIPT AND RETURN

U.S. Department of Justice United States Marshals Service

See Instructions for "Service of Process by the U.S. Marshall on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER
Jerome Allen James	08C1019
DEFENDANT	TYPE OF PROCESS
Michael Sheahan	s/c
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DE	
Sergeant Doody, Cook County Jail, Division 5, 3	to ll shift
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
AT CCJ, C/O Legal Dept. 2700 S. California Ave., 2nd	l. Flr., Div. 5, Chicago, IL 6060
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	umber of process to be
l sc	rved with this Form - 285
Jerome Allen James, B-68976	
Character 11a copy	umber of parties to be rved in this case
P.O. Box 112	rved in this case 11
1	heck for service a U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SE	RVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):	L E D FOM
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APR 2 2 2008 /	APR 2 2 2008 PH
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CLERK, I	IAEL W. DOBBINS J.S. DISTRICT COURT
Signature of Attorney or other Originator requesting service on behalf of:	ELEPHONE NUMBER DATE
PLAINTIFF DEFENDANT	04-02-08
Dependant	04-02-06
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO N	OT WRITE BELOW THIS LINE
I acknowledge receipt for the total Total Process District District Signature of Authorized	
number of process indicated. of Origin to Serve	TD
(Sign only first USM 285 if more 5 of 11 24 24	04-02-08
than one USM 285 is submitted) No No	
I hereby certify and return that the have personally served, have legal evidence of service, have execut on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., at the address shown above or on the individual, etc., at the address shown above or on the individual, etc., at the address shown above or on the individual at the address shown above or on the individual at the address shown above or on the individual at the address shown above or on the individual at the address shown above or on the individual at the address shown above or on the individual at the address shown above or on the individual at the address shown above or on the individual at the address shown above or on the individual at the address shown above or on the individual at the address shown above or on the individual at the address shown above or on the individual at the address shown above or on the individual at the address shown above or on the individual at the address shown above or on the individual at the address shown above or on the individual at the address shown above or on the individual at the address shown above or on the individual at the address shown above or on the individual at the address shown above or on the address shown above or on the address shown above or on the addre	ed as shown in "Remarks", the process described poration, etc., shown at the address inserted below.
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., n	amed above (See remarks below)
Name and title of individual served (if not shown above)	A person of suitable age and discretion then residing in the defendant's
Konnon Farnandis Officer Legal Dept	usual place of abode.
Address (complete only if different than shown above)	Date of Service Time am
	14/4/
	04/16/2018 13:00 Pm
	Signature of U.S. Marshal or Deputy
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	ount owed to U.S. Marshal or Amount of Refund
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THE DONNE HE CONTROLLED NOTE	(1291 A- 1010 1010
See pricess fielt # 2	
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